FT448 (Rev. 09/03)

Amended Report

(Check this box if this is an amended report.)



VIRGINIA FUELS TAX DISTRIBUTOR'S REPORT

Read the filing information and instructions on back.

Enclose a \$50 penalty if your report is not filed on time. (See Information on back.)

DISTRIBUTOR INFORMATION	PLEAS	SE TYPE	OR PRINT II						
ame				FEIN	/SSN		Report Month/Year		
Mailing Address			City				State	Zip Code	
elephone Number Fax Number ()					e-m	nail Address			
SECTION 1 - INVENTORY, RECEIPTS, AND DISBURSEMENTS SUMMARY	Gasoline Dies Gasohol Undy			on Avi	ation soline	Diesel Dyed	Keroser	ne Heating Oil	Other Products
Enter Beginning Inventory in gallons by product type. (Note: This must agree with prior the month's ending inventory.)									
Add each reported receipt schedule to calculate Total Receipts.									
3. Add Lines 1 and 2 together and enter the Total Gallons Available.									
4A. Add each <i>disbursement schedule</i> reported in Part A to calculate Total Disbursement.									
4B. Enter all disbursements not reported on Line 4A.									
Add together Lines 4A and 4B, subtract the results from Line 3, and enter the Gallons Available.									
6. Enter Gains (+) or Losses (-) in gallons.									
 Add gains or subtract losses on Line 6 to/from Line 5 and enter the Ending Inventory in gallons by product type. 									
SECTION 2 - PENALTY AND INTEREST CALCULATI	ON			•				·	
LATE REPORTS ONLY: Record the Penalty for late reports. (\$50)								\$	
LATE REPORTS ONLY: Calculate the interest for late reports at \$.01 ti	mes Line 8 compound	ed monthly.						\$	
10. Add together Lines 8 and 9 to calculate the TOTAL AMOUNT DUE .							\$	\$	
SECTION 3 - DISCOUNT INFORMATION									
11. Enter the total amount of Percentage Discount that you deducted from payments to your suppliers. \$									
CERTIFICATION									
I certify that I have read this report and all supporting documents; and kn	ow and understand t	heir content	ts and that all info	rmation on bot	h the rep	ort and supporting	documents is	true and accurate, and	complete.
Authorized Representative's Name (please print)				Title					
Authorized Representative's Signature							Date		
Telephone Number ()	Fax Number ()					e-mail Addres	S		

TANK FEE (@_____

	TAX	RATE	,					
	\$0.175	\$0.16	\$0.05	\$0.05				
PART A - RECONCILIATION AND EXPORT INFORMATION	Gasoline Gasohol	Diesel Undyed	Aviation Jet Fuel	Aviation Gasoline	Diesel Dyed	Kerosene	Heating Oil	Other Products
A. Enter the total number of gallons by product type pulled using a tax-exempt card /code. (Schedule 2D)								
B. Enter the total number of gallons by product type sold tax-exempt to the U.S. Government or other tax-exempt persons. (Schedule 8)								
C. Enter the total number of gallons by product type sold to Virginia state or local government. (Schedule 9)								
D. Enter the total number of gallons of Aviation Jet Fuel sold to licensed Aviation Consumers tax not collected. (Schedule 6)								
E. Enter the total number of gallons by product type sold at retail tax not-collected using a credit card or fleet card to U.S. Government or other tax-exempt persons. (<i>Schedule 8C</i>)								
F. Enter the total number of gallons by product type sold at retail tax not-collected using a credit card or fleet card to Virginia state or local government. (<i>Schedule 9F</i>)								
G. Enter the total number of gallons pulled from bulk storage for export. (Schedule 7) (See Instructions for special requirements for schedules 7.)								
H. Add together by product type the gallons on Lines B through D and enter the results using the applicable sign (+ or -).								
I. Subtract by product type the gallons on Line H from Line A and enter the results using the applicable sign (+ or -).								
J. Multiply by product type the gallons on Line I by the applicable tax rate and enter the results using the applicable sign (+ or -).	\$	\$	\$	\$				
K. Subtract by product type the gallons on Line B from Line A and enter results as follows: Positive Number (+), enter a zero (0) Negative Number (-), enter actual results								
L. Multiple by product type the gallons on Line K by the current tank fee rate.	\$	\$		\$	\$	\$	\$	\$
M. Multiply by product type the gallons on Line E by the applicable tax rate.	\$	\$	\$	\$				
N. Multiple by product type the gallons on Line E by the current tank fee rate.	\$	\$		\$	\$	\$	\$	\$
O. Multiple by product type the gallons on Line F by the applicable tax rate.	\$	\$	\$	\$				
P. Multiple by product type the gallons on Line G by the applicable tax rate.	\$	\$	\$	\$				
Q. Multiple by product type the gallon on Line G by the current tank fee rate.	\$	\$		\$	\$	\$	\$	\$
R. Add together the tax amounts on Lines J, M, O, and P and enter the results using the applicable sign (+ or -).	\$	\$	\$	\$				
S. Add together the tank fee amounts on Lines L, N, and Q and enter the results using the applicable sign (+ or -).	\$	\$		\$	\$	\$	\$	\$
T. Add together Lines R and S and enter the results using the applicable sign (+ or -). Positive = amount you will be billed. Negative = refund amount you are due.	\$	\$	\$	\$	\$	\$	\$	\$

FILING INFORMATION

Provide all information requested on this report and attach all required schedules.

Your report must be postmarked by the 15th day of the 2nd month after the report month **or** received at DMV by the 20th of the 2nd month after the report month.

Enclose a \$50 penalty if you are late filing your report.

DMV will use Part A of your report to determine if you owe tax or are due a refund. If you owe tax, DMV will send you an invoice. If you are due a refund, DMV will request the state treasurer's office process the refund. Refunds may be adjusted to compensate for percentage discounts received from your supplier.

INSTRUCTIONS

DISTRIBUTOR INFORMATION

Name. Enter your company's name.

FEIN/SSN. Enter your company's Federal Employment Identification Number or social security number.

Report Month and Year. Enter the month and year for which you are reporting.

Mailing Address, City, State, Zip Code. Enter your company's mailing address, if different from the terminal street address.

Telephone Number, Fax Number, e-mail Address. Enter your company's telephone number, fax number, and, if applicable, e-mail address.

SECTION 1 - INVENTORY, RECEIPTS, AND DISBURSEMENT SUMMARY

Follow the instructions provided on each line.

SECTION 2 - PENALTY AND INTEREST CALCULATION

Follow the instructions provided on each line.

SECTION 3 – DISCOUNT INFORMATION

Follow the instructions provided on each line.

CERTIFICATION

Authorized Representative's Name, Title. Print or type the name and the title of the representative who is authorized to sign the report.

Authorized Representative's Signature, Date. Authorized Representative - Sign your name and write the date in the space provided.

Telephone Number, Fax Number, e-mail Address. Enter the authorized representative's telephone number, fax number, and, if applicable, e-mail address.

PART A - RECONCILIATION AND EXPORT INFORMATION

Lines A through F. Follow the instructions provided on each line.

Line G. Follow the instructions provided.

Note: Your schedule 7 must be certified by the state to which you exported the product before DMV will finalize any refund.

Lines H through T. Follow the instructions provided on each line.